

801104

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

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-12/18/00--01067--021
*****35.00 *****35.00

CORPORATION(S) NAME

Life Insurance Company of Georgia

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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CONNIE BRYAN

W. COULLETTE DEC 18 2000

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of GEORGIA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: LIFE INSURANCE COMPANY OF GEORGIA
2. The mailing address of the corporation is: 5780 POWERS FERRY ROAD, NW, PO BOX 105006
ATLANTA GA 30327-4390
3. Date of incorporation/qualification: 12/10/18 Document number: 801104
4. The name and address of the current registered agent and office:

STATE INSURANCE COMMISSIONER

THE CAPITOL

TALLAHASSEE FL 32304

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Andrea Meister
(Signature of an officer, chairman or vice chairman of the board)

11/30/00
(Date)

Andrea Meister Asst. Secy
(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

Michele R. Justesen, Asst. Secy
(Date) 30 Jan 00

If signing on behalf of an entity:

MICHELE R. JUSTESEN

ASST SECY

(Typed or Printed Name)

(Capacity)